

Massachusetts Department of Mental Health

Service Authorization Determination CRITERIA

To be approved for DMH services, an individual must meet the clinical criteria as described at 104 CMR 29.04 (2)(a) or (2)(b), be determined in need of DMH services, and have no other means for obtaining the services, as described at 104 CMR 29.04 (3)(a), (b), (c) and (d), and DMH has available capacity to provide the services as described at 104 CMR 29.04 4(b).

What are the Clinical Criteria for Adults, Children and Adolescents?

In order to meet clinical criteria for *DMH services* (see *definition p. 6*), the applicant must have a qualifying mental disorder as the primary disorder requiring treatment, and meet functional impairment and illness duration criteria.

1) Clinical Criteria for Adults

- a) An adult applicant must have a serious and long term mental illness that has resulted in functional impairment that substantially interferes with or limits one or more major life activities. Serious and long term mental illness is a disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, and that results in an inability to meet the ordinary demands of life. Qualifying mental disorders are those specified below.
- b) Qualifying Mental Disorder: DMH uses diagnostic criteria as defined in the DSM-IV. The qualifying disorders are listed under the following categories or diagnoses:
 - (i) **Schizophrenia and other Psychotic Disorders** (excluding psychotic disorders due to a general medical condition and substance-induced psychotic disorders);
 - (ii) **Mood Disorders** (excluding Dysthymia and mood disorders due to a general medical condition);
 - (iii) **Anxiety Disorders** (excluding anxiety disorders due to a general medical condition and substance induced anxiety disorders);
 - (iv) **Dissociative Disorders**;

(v) **Eating Disorders;**

(vi) **Borderline Personality Disorder.**

- c) An applicant diagnosed with one or more of the following disorders must also have a qualifying mental, behavioral or emotional disorder, as specified above, in order to meet the clinical criteria for DMH services:
- (i) Under the category of **Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence:** Mental Retardation, Learning Disorders, Motor Skills Disorders, Communication Disorders, Pervasive Developmental Disorders, Feeding and Eating Disorders of Infancy or Early Childhood, Tic Disorders, Elimination Disorders, Other Disorders of Infancy, Childhood or Adolescence;

(Please note that individuals deemed eligible to receive services through the Department of Developmental Services are categorically excluded from consideration of DMH services.)
 - (ii) All conditions listed under the category of **Delirium, Dementia and Amnestic and other Cognitive Disorders, including Alzheimer's disease;**
 - (iii) All conditions listed under the category of **Mental Disorders Due to a General Medical Condition Not Elsewhere Classified** (e.g., traumatic brain injury);
 - (iv) A primary diagnosis of all conditions listed under the category of **Substance-Related Disorders.**
- d) Co-Occurring Disorders: An individual with a substance abuse problem (use, abuse, disorder) may be authorized for DMH services if he or she is determined to have a qualifying mental disorder, meets impairment and duration criteria, requires DMH services and has no other means for obtaining them, and DMH has available capacity to provide the services. To meet functional impairment criteria, the impairment does not have to be solely attributed to an individual's qualifying mental disorder.
- e) Functional Impairment: Difficulties resulting from a primary major mental illness *must* persistently and substantially interfere with or limit role functioning in one or more major life activities and be expected to do so in the succeeding year. As described

above, functional impairment in a person with a co-occurring disorder does not have to be attributed solely to an individual's qualifying mental disorder. Major life activities include basic daily living skills (e.g., eating, bathing, dressing, maintaining a household, managing money, accessing generic community services, taking prescribed medication) and functioning in social, family, and vocational/educational contexts. Risk of harm to self or others is also recognized as an index of functional impairment.

Functional impairments of episodic, recurrent, or continuous duration are included unless they are temporary and expected responses to stressful events in the environment. Operationally, functional impairment related to a qualifying behavioral, emotional or mental disorder will be evaluated using standards outlined in the **Tennessee Adult Functional Assessment Tool**.

- f) **Area Medical Director Review**: The DMH Area Medical Director, or a designated psychiatrist, will routinely review applications for DMH services and redeterminations for:
 - (i) Adults over the age of sixty-five;
 - (ii) Adults with complex medical needs or requirements for special medical care;
 - (iii) Adults with complex clinical presentation(s).

2) Clinical Criteria for Transitional Age Applicants

The guidelines below pertain to applicants who are between the ages of 16 and 19 *at the time of application*. Please note that although an individual is legally considered an adult at age 18, DMH child/adolescent services may be provided until an individual reaches the age of 19.

Age 16: a Child/Adolescent Application is completed;

Age 17: a Child/Adolescent Application is completed;

Between Age 18 & Age 18 ³/₄: Transitional Age Population

- a) an Adult Application is completed; if the applicant meets adult clinical criteria, his or her application may be approved for either

adult or child/adolescent services. The Area Director or designee will consider the applicant's developmental status in determining service need.

- b) an Adult Application is completed; if the applicant does *not* meet adult clinical criteria, then the application is forwarded for a child/adolescent determination, including completion of the CANS (see below). If the applicant meets child/adolescent clinical criteria, his or her application may be approved for either adult or child/adolescent services until the applicant turns 19. The Area Director or designee will consider the applicant's developmental status in determining service need.

Between Age 18 $\frac{3}{4}$ & Age 19:

- a) an Adult Application is completed; if the applicant meets adult clinical criteria, his or her application may be approved for either adult or child/adolescent services. The Area Director or designee will consider the applicant's developmental status in determining service need.
- b) an Adult Application is completed; if the applicant does *not* meet adult clinical criteria, then the application is NOT forwarded for a child/adolescent determination and the application is denied.

3) Clinical Criteria for Children and Adolescents

- a) A child or adolescent applicant must be *18 $\frac{3}{4}$ years of age or younger* at the time of application and have a qualifying mental, behavioral or emotional disorder that substantially interferes with or limits his or her role or functioning in family, school, or community activities. Qualifying mental disorders are those specified below.
- b) Qualifying Mental Disorder: DMH uses diagnostic criteria as defined in the DSM-IV. The qualifying diagnoses are listed under the following categories or diagnoses:
 - (i) **Schizophrenia and other Psychotic Disorders** (excluding psychotic disorders due to a general medical condition and substance-induced psychotic disorders);

- (ii) **Mood Disorders** (excluding Dysthymia and mood disorders due to a general medical condition);
 - (iii) **Anxiety Disorders** (excluding anxiety disorders due to a general medical condition and substance induced anxiety disorders);
 - (iv) **Dissociative Disorders**;
 - (v) **Eating Disorders**;
 - (vi) **Borderline Personality Disorder**;
 - (vii) **Attention-Deficit/Hyperactivity Disorder**.
- c) An applicant diagnosed with one or more of the following disorders must also have a qualifying mental, behavioral or emotional disorder, as specified above, in order to meet the clinical criteria for DMH services:
- (i) Under the category of **Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence**: Mental Retardation, Learning Disorders, Motor Skills Disorders, Communication Disorders, Pervasive Developmental Disorders, Feeding and Eating Disorders of Infancy or Early Childhood, Tic Disorders, Elimination Disorders, Other Disorders of Infancy, Childhood or Adolescence;
 - (ii) All conditions listed under the category of **Delirium, Dementia and Amnestic and other Cognitive Disorders**;
 - (iii) All conditions listed under the category of **Mental Disorders Due to a General Medical Condition Not Elsewhere Classified** (e.g., traumatic brain injury);
 - (iv) A primary diagnosis of all conditions listed under the category of **Substance-Related Disorders**:
- Co-Occurring Disorders: An individual with a substance abuse problem (use, abuse, disorder) is authorized for DMH services if he or she is determined to have a qualifying mental disorder, meets impairment and duration criteria, requires DMH services and has no other means for obtaining them, and DMH has available capacity to provide the services. To meet functional impairment criteria, the

impairment does not have to be attributed solely to an individual's qualifying mental disorder;

- (v) Under the category of **Attention Deficit/Disruptive Behavior Disorders**: Conduct Disorder, Oppositional-Defiant Disorder, Disruptive Behavior Disorder NOS.

- d) Duration of Qualifying Disorder: The qualifying mental, behavioral, or emotional disorder must have lasted for, or be expected to last for, at least one year.
- e) Functional Impairment: Difficulties resulting from a serious emotional disturbance may substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills. Risk of harm to self or others is also recognized as an index of functional impairment. Functional impairment of episodic, recurrent and continuous duration is included unless it is a temporary and expected response to stressful events in the child or adolescent's environment.

Operationally, functional impairment related to a qualifying behavioral, emotional or mental disorder will be evaluated using standards outlined in the *Child and Adolescent Needs and Strengths* (CANS) assessment:

- i) Life Domain Functioning;
 - ii) Child Behavioral/Emotional Needs;
 - iii) Child risk Behaviors;
 - iv) Acculturation;
 - v) Transition to Adulthood;
 - vi) Child Strengths.
- f) Area Medical Director Review: The DMH Area Medical Director, in consultation with the Area's designated child psychiatrist, will routinely review applications and redeterminations, for:
 - i) Children under the age of six;
 - ii) Children with complex medical needs or requirements for special medical care;

- iii) Children with complex clinical presentation(s).

What Happens if the Applicant Does Not Meet the Clinical Criteria?

If the applicant does not meet the clinical criteria, DMH will notify the applicant/LAR, and, if appropriate, the facility or program that submitted the application on behalf of the individual, that the application has been denied. The clinical criterion or criteria that were not met will be specified, and the applicant/LAR will be notified of the right to appeal this determination.

How is it Determined Whether or Not there is a Need for at Least One DMH Service?

If it is determined that the applicant meets the clinical criteria, the Area Director or designee will then determine whether the applicant requires services and what kind of access to appropriate community services may be available to the applicant. DMH will contact the applicant/LAR to review the applicant's stated need for services and current circumstances. If this information was previously obtained through previous contact (i.e., before the applicant was found to meet clinical criteria), no additional contact is necessary at this time.

- 1) Determination of need for services: If it is determined the applicant needs DMH services, the Area Director or designee will then determine whether the need for DMH services is offset by the criteria outlined in sections (2) and (3) below.
- 2) Availability of insurance or medical entitlements: If the Area Director or designee determines that the applicant needs DMH services, he or she will then determine whether the applicant is able to obtain those services through insurance (e.g. HMO, indemnity plan) or medical entitlement (e.g. Medicaid, Medicare).
- 3) Availability of other services: If the Area Director or designee determines that the applicant needs DMH services, he or she will then determine whether the applicant is able to obtain similar services from another entity, such as the Massachusetts Rehabilitation Commission, Department of Children and Families, the Veterans Administration, a Community Service Agency (CSA), or a local education agency, etc. This determination will be based on the range and appropriateness of services provided by the entity.

What Happens if the Applicant Does Not Need DMH Services?

If the Area Director or designee determines that the applicant does not need DMH services, that the applicant is able to obtain needed services through insurance or medical entitlement, that another entity is appropriately serving the applicant, or that other public or private services are available to meet the applicant's needs, the request for services is not approved.

The applicant/LAR and, if appropriate, the facility or program that submitted the application on behalf of the individual, will be notified of this determination, and of the applicant's/LAR's right to appeal this determination.

What Happens if the Applicant Does Need DMH Services and the Needed Services are Available?

The Area Director or designee will notify the applicant/LAR that the applicant is approved for DMH service(s) and is authorized to receive such services. The notice will identify which DMH services are needed and have available capacity, and will provide contact information for the applicant to access the authorized service(s).

What Happens if the Needed DMH Service is Not Available?

If the Area Director or designee determines that the applicant needs DMH services, but the needed services are not available, the applicant/LAR will be informed that the request for service cannot be approved because the needed services do not have available capacity.

The Area Director or designee will contact the applicant/LAR at least monthly to inquire about the applicant's status and continued need for DMH service(s). At such time that the service becomes available, the individual will be offered a referral to such service.

If the applicant is a child or adolescent and has an Intensive Care Coordinator through a CSA, the applicant's status and continued need will be updated at least monthly by the DMH Liaison to the CSA.

If, after six (6) months, the needed service remains unavailable the applicant will be required to re-apply for DMH services.

How Long Does the Finding of Meeting the Clinical Criteria Last?

Six-month rule: If an applicant reapplies within six (6) months from the date the request for services was not approved, the finding that the applicant met clinical criteria would remain in effect.